	PATENT A	APPLICATIO Effect	N FEE D ive Octob	RD		048	?/:	520	66				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE  OR				OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							F	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			<b>∬</b>		· 24		,	<b>(\$ 9=</b>		OR	X\$18=	4320	
IND	EPENDENT CL	AIMS	7 minus 3 =		4			X40=		OR	X80=	320,00	
MULTIPLE DEPENDENT CLAIM PRESENT								135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	OTAL		OR	TOTAL	14 62.08	
CLAIMS AS AMENDED - PART II												OTHER THAN	
		(Column 1)	(Colur				S	MALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	<b>(\$ 9</b> =	·X:	OR	X\$18=		
	Independent		Minus	***	- 01 4114	=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF MI	JUNPLE DE	PENDEN	CLAIM			135=		OR	+270=		
					•		L.	TOTAL		00	TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADI	DIT. FEE		<b>1</b> 011	ADDIT. FEE		
AMENDMENTIB		CLAIMS REMAINING		HIGH	HEST MBER	PRESENT	E		ADDI-			_ADDI-	
		AFTER AMENDMENT		-PREVI		EXTRA		RATE	TIONAL FEE	H	RATE	TIONAL FEE	
	Total	*	Minus	**		=	$\prod$	<b>(\$</b> 9=	,	OR	X\$18=		
	Independent	*	Minus	***		=		X40=	. 1	OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIM		┛┞	-135=		OR	+270=		
	·		. •				<b>L</b>	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
			DII. FEE		•	ADDIT. FEE							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER		HIGI NUM PREV	mn 2) Hest Mber Iously	PRESENT EXTRA	ΙГ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAIL **	FOR	=	1 –		FEE			FEE	
	Independent		Minus	***		=	1 ⊢	X\$ 9=		OR	X\$18=		
		NTATION OF M	ULTIPLE DI	EPENDEN	IT CLAIN		1	X40=		OR	X80=		
	<del>•                                    </del>	••					-   <sub>1</sub>	-135=		OR	+270=	-	
**	If the "Highest Nu	ımn 1 is less than t ımber Previously P	aid For' IN T	HIS SPACE	is less tha	an 20, enter "20	." AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
***	'If the "Highest Nu The "Highest Nur	umber Previously F mber Previously Pa	aid For" IN T id For" (Total	HIS SPACE or Indepen	is less th dent) is th	an 3, enter "3." e highest numt			propriate bo	- ox in co			

**Application or Docket Number**